25.0.0 COMMUNITY WAIVERS

25.1.0 Introduction

Community waivers enable elderly, blind, and disabled (EBD) persons to live in community settings rather than in state institutions or nursing homes. They allow MA to pay for community services, which normally are not covered by MA.

Community waivers include the following programs:

1. Community Integration Program I (CIP 1A and CIP 1B).
2. Community Integration Program II (CIP II).
3. Community Options Program Waiver (COP-W).
4. Brain Injury Waiver.
5. Community Supported Living Arrangements (CSLA).
6. Program of All-Inclusive Care for the Elderly (PACE).
7. Wisconsin Partnership Program (WPP).

To be eligible for these waivers, a person must:

1. Meet MA level of care requirements for admission to nursing homes, **and**

2. Meet non-financial requirements for MA, **and**

3. Meet financial requirements for MA, **and**

4. Reside in a setting allowed by community waivers policies, **and**

5. Have a need for long term care services.

25.2.0 Application

All waiver clients being discharged from a nursing home, and persons in non-institutional living arrangements must complete an application form unless they are already receiving full-benefit MA (24.2.0).

25.2.1 Case Manager

All waiver clients receive assessment and case planning services from a case manager. The case manager is responsible for determining a level of care and completing a service plan for each client. In some counties this function is performed at the Resource Center.

The service plan packet contains documentation verifying the person's eligibility for waivers. For Group A clients, case managers submit CARES eligibility and budget screens.

25.2.1 Case Manager (cont.)

(ECSC and ECED), or the MA Waiver Eligibility and Cost Sharing Worksheet (DSL-919). For Group B and C clients, the CARES eligibility and budget screens (ECSC and ECED) are submitted. DSL-919 serves as a backup to CARES.

25.2.2 Spousal Impoverishment

Spousal impoverishment policy applies to waiver participants with a community spouse, with the exception of Medicaid Purchase Plan (MAPP) waiver participants (23.2.3 and 33.3.6).

25.2.3 Minors

Minors (3.1.4) are not eligible for waiver services unless they have been determined disabled (5.1.0). Consider only the disabled child's assets and income unless the parents make an actual cash contribution to the child. If they do, include that amount as part of the child's unearned income (25.7.0).

25.2.4 Tentative Approval

Persons who apply for waivers other than PACE and WPP may receive tentative waiver approval from the Division of Supportive Living (DSL) while their MA eligibility is being determined.

The tentative approval process begins when the case manager refers the waiver applicant to the ESA with accompanying information about the type of waiver, waiver begin date, medical/remedial expenses, and MA card coverable expenses. Enter the case into CARES and send the case manager the CARES screen prints showing the eligibility determination, cost share amount, family member allowance, and spenddown amount.

If it is a spousal impoverishment case, also send along the CARES screen prints or manual worksheets which show the spousal and family member income allocations. Complete a manual Spousal Impoverishment Income Allocation Worksheet (WKST 07) for any spousal impoverishment case that is Group C eligible. Send a copy of this worksheet or a modified copy of ECSC to the case manager. Send a manual notice to the client with the corrected cost share amount, if the cost share calculated on WKST 07 differs from the amount calculated in CARES.

The case manager then submits the screen prints and the service plan packet to DSL for tentative approval. Until the case manager informs you the case has been tentatively

25.2.4 Tentative Approval (cont.)

approved, keep it in pending status in CARES. After tentative approval is received, confirm the case on CARES. This will certify the person for MA.

25.3.0 Fiscal Test Group

Form the fiscal test group as follows:

1. Single person = a fiscal test group of one.

2. Married couple, when one spouse is applying for community waivers, and the other is a community spouse (23.2.1). This is a spousal impoverishment situation. Combine the assets (23.4.2) and apply the spousal impoverishment asset test (23.4.3). The income limit is the same as for institutionalized persons who do not have a community spouse.

3. Married couple, both applying, are in two separate fiscal test groups. Spousal impoverishment policies may apply.

> **Example.** Cathy and Bob, a married couple, are both applying for community waivers. Both are each other's community spouse. Combine the assets and apply the spousal impoverishment asset test. Calculate asset shares and asset limits for each. Cathy and Bob each have one year to spend assets down to $2,000, based on their individual application dates.

25.4.0 Divestment

When requested, assist the case manager in assessing divestment. See 14.0.0**.**

25.5.0 Cost Sharing

Cost sharing is the monthly amount a waivers participant may have to contribute toward the cost of his/her waiver services. Count only the income of the client when you calculate the cost share.

Payment of the cost share is a condition of eligibility. See 25.9.2.1 for instructions about how to calculate a cost share.

25.5.1 Spenddown

The spenddown obligation is the amount a Group C waivers participant must incur monthly in medical/remedial expenses to lower countable income to the Medically Needy Income limit (30.5.0). The care manager monitors and documents that this occurs monthly.

25.5.1 Spenddown (cont.)

A single Group C waivers participant must:

- Incur, **and**
- Be held financially responsible for the spenddown amount on a monthly basis.

A married Group C waivers participant must:

- Incur the spenddown amount, **and**
- Pay the cost share monthly, if applicable.

25.6.0 Reserved

25.7.0 Uniform Fee System

Following the procedures of the Uniform Fee System (Chap. HSS 1, Wisconsin Administrative Code), the case manager determines if the parent(s) must contribute toward the care of a child who is in CIP IA, IB, II, or COP-W. When the parents are already contributing according to the Uniform Fee System, no additional contribution is required.

25.8.0 Effective Date

The begin date of waiver eligibility is the date given in the approval letter sent by the DSL waiver staff to the county case manager/social worker.

Persons in Groups B and C will receive tentative approval of eligibility for waiver services when the case manager submits a waiver service plan packet to DSL and receives a tentative approval in return.

The start date stated in this tentative approval becomes the date of waiver eligibility if the person is determined eligible for MA as of that date.

25.9.0 Instructions

Eligibility for Group A, B, and C Community Waivers cases are determined in CARES. Group A Katie Beckett cases are processed manually outside of CARES.

Complete the Waiver Eligibility and Cost Sharing Worksheet (DSL-919) when an institutionalized client is going to be discharged, and enter the Community Waivers program.

When CARES screens are unavailable, use simulation or complete the DSL-919 as follows:

25.9.0 Instructions (cont.)

1. Fill out the identifying information at the top. The MA eligibility date is the date of most recent MA eligibility.

2. Fill out the financial information in Section I, Lines 1-4.

   Use the financial information obtained from going through each of the financial units (vehicles, unearned income, etc.) except the Employment Expenses Unit. When you have determined that the person is financially eligible, set the effective begin date of eligibility (25.8.0).

Read the descriptions of Groups A, B, and C below. After deciding which group the person is in, check the appropriate box in Section I. A person cannot be in more than one group at the same time.

25.9.1 Group A

Group A clients are defined as those waiver functionally eligible and MA eligible via SSI (including SSI-E and 1619A and B) or a full-benefit MA subprogram (24.2.0). This does not include someone solely eligible for any of the limited benefit MA subprograms (24.3.0).

Clients who have met a deductible are eligible for Community Waivers as a Group A. The client remains eligible as a Group A until the end of the deductible period. At the next review the client will be able to make a choice between meeting the deductible to receive MA (remaining a Group A) or becoming eligible for Community Waivers as a Group B with a potential cost share, or Group C with a potential spenddown/cost share.

Group A clients are financially eligible with no cost share. Put a check before Group A in Section I. Then complete Sections II and V on the worksheet.

25.9.2 Group B

Group B clients are defined as those not in Group A, but who have income at or below the nursing home institutions categorically needy income limit (30.5.0). Calculate a cost share based on the client’s income and allowable deductions.

Put a check before Group B in Section I. Then complete Sections III and V on the worksheet. Count only the income of each individual when you calculate that individual's cost share.

25.9.2.1 Personal Maintenance Allowance

The personal maintenance allowance (Line 6 and Page 2 of the worksheet) is for room, board, and personal expenses. It is the total of:

1. Community Waivers Basic Needs Allowance (30.5.1).

2. $65 and ½ earned income deduction (15.3.6).

3. Special housing amount. This is an amount of the person's income set aside to help pay housing costs. If the waiver applicant's housing costs are over $350, add together the following costs:

   a. Rent.
   b. Home or renters insurance.
   c. Mortgage.
   d. Property tax (including special assessments).
   e. Utilities (heat, water, sewer, electricity).
   f. "Room" amount for clients in a Community Based Residential Facility (CBRF), Residential Care Apartment Complex (RCAC) or an Adult Family/Foster Home (AFH). The case manager determines and provides this amount.

The total, minus $350, equals the special housing amount. The person can set this amount aside from his/her income.

If both spouses are applying and both have income, divide the special housing amount equally between them.

Example. Two spouses applying with income:
$600 rent
- 350
= 250/2 spouses = $125 that each can set aside

If only one spouse has income and both spouses are applying, allocate the full special housing amount to the spouse with income.

Do not give the special housing amount to waiver participants under age 18.

The total of 1, 2, and 3 must not be greater than the EBD Maximum Personal Maintenance Allowance (30.5.1).

25.9.2.2 Family Maintenance Allowance

The family maintenance allowance is for the support of family members when spousal impoverishment policies do not apply. If the client is a disabled child, omit the family maintenance allowance.

Family Related - When the waiver participant is the custodial parent of a minor child living in the home, and there's no spouse in the home, do the following:

1. Minor children's gross earned income.
2. -$65 and ½ of gross earned income (15.3.6).
3. =_____.
4. + Minor Children's total unearned income.
5. = _____Add (3) and (4).
6. AFDC Related med needy income limit_____ (30.4.0). (Do not include the waiver applicant in the group size.)

If (5) is greater than (6), there's no family maintenance allowance. If (5) is less than (6), the family maintenance allowance is the difference between (5) and (6).

EBD Related - If there are no minor children in the home, and spousal impoverishment policies do not apply, do the following:

1. Spouse's gross earned income.
2. -$65 and ½ of total gross earned income (15.3.6).
3. =_____.
4. +Spouse's total unearned income.
5. =_____ (3)+(4).
6. -$20 disregard.
7. =_____(6)-(5).
8. _____Enter the SSI Payment Level Plus the E Supplement for one person (30.5.0).

If (7) is greater than (8) there is no family maintenance allowance. If (7) is less than (8) the family maintenance allowance is the difference between (7) and (8).

25.9.2.3 Special Exempt Income

Deduct special exempt income (15.3.2).

25.9.2.4 Health Insurance

Include all health and dental insurance premiums covering the waiver person and for which s/he is responsible and pays. See 38.4.0 for a list of insurance types for which premium deductions are not allowed.

25.9.2.5 Health Insurance (cont.)

If the waiver participant is part of a covered group, but not responsible for the premium, find his/her proportionate share by dividing the premium by the number of people covered. If both members of a couple apply, but only one pays the premium, divide the premium equally. Prorate premiums over the months payment covers.

Example. Sally pays a $600 premium quarterly for her Medicare supplement policy. $600 divided by three equals $200. Enter $200 as her monthly health insurance premium payment on AFMC.

25.9.2.5 Medical/Remedial Expenses

Obtain the dollar amount for medical and remedial expenses (Line 10) from the case manager. See 15.3.3 for definitions.

25.9.2.6 Cost Share Amount

The waiver cost share amount (Line 12) is the monthly amount s/he must pay toward the cost of his/her waiver services.

Institutionalized Pace/Partnership or Family Care enrollees pay their cost share to the Managed Care Program instead of the institution.

25.9.3 Group C

Persons in Group C meet the medically needy income test for waiver clients.

Put a check before Group C in Section I. Complete Sections IV and V.

Most Group C members have a monthly spenddown. They must meet the spenddown each month to remain eligible. The case manager monitors the monthly spenddown.

25.10.0 Medical Codes

See the CARES Guide, Chapter IV, Part D, 7.0.0, for Community Waiver medical status codes. These are not the same codes as nursing home medical status codes. A medically needy MA client could be eligible as a categorically needy waiver client (Group B), thus requiring a change in the medical status code from medically needy to categorically needy.

25.11.0 Review

Review financial eligibility annually. The case manager reviews level of care eligibility annually. Do not discontinue eligibility if the case manager has not yet made the level of care review.

The case manager informs the ESA if the person is no longer level of care eligible. Notify the case manager if the person is no longer MA eligible.

25.12.0 Community Spouse's MA Application

When a community waivers person and his/her community spouse are both applying for MA, they are one case, but separate AGs. Enter them in CARES on the same application. Only one of the spouse's signature is needed on the application.

Both spouses are in the non-waiver spouse's fiscal test group (FTG). Since the waiver spouse is in the FTG, disregard any income that may have been allocated by the waiver spouse to the community spouse.

The waivers spouse is a FTG of one. CARES creates the separate FTG's and AG's.

25.13.0 Notices

CARES generates a Notice of Decision each time the ES confirms a case.

25.14.0 Transfers

When a Community Waivers case transfers to a new county or tribe, and there is no slot available in the new agency, do the following:

Transfer the case to the new county through CARES. The transfer-in county takes care of the MA certification. The transfer-out county keeps the client in the waiver slot until a slot becomes available in the new county.